

## Kinship Care

### FACE SHEET

<b>CASE NAME:</b>	<b>County Case #</b>	<b>DATE:</b>
-------------------	----------------------	--------------

**CHILD(REN) TO BE PLACED IN KINSHIP CARE:**

	CHILD'S NAME	SS#	DOB	Gender	Race/Ethnicity
1.					
2.					
3.					
4.					

**CAREGIVER INFORMATION**

**County Case # of Caregiver:**

	Caregiver's Name	SS#	DOB	Gender	Race/ ethnicity	Relationship to child(ren)
1.						
2.						

Address:

Home Telephone:

Directions to home:

	Place of Employment	Work Hours	Work Telephone
1.			
2.			

**OTHER CHILDREN AND ADULTS IN THE CAREGIVERS HOME**

	NAME	SS#	DOB	Gender	Race/ Ethnicity	Relationship to caregiver
1.						
2.						
3.						
4.						
5.						
6.						
7.						